

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
HARRISON, WILLIAM V.

PROJECT NAME
MONOCLINIC 1 & TRIANGLE

PROJECT ID
S370085

DUE DATE	ANNUAL FEE	AMOUNT DUE
09/09/2005	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input checked="" type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

Change of Address	
Contact	_____
Address	_____

E-mail address	_____
State	Zip
_____	_____
Phone	_____

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining